

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREHarry J. Smith
Plaintiffv.
State of Delaware
Defendant(s)

- 07 - 408 -

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVITCASE NUMBER: 9812014656I, Harry James Smith

declare that I am the (check appropriate box)

• • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • ☒ Yes • No (If "No" go to Question 2)

If "YES" state the place of your incarceration

Delaware Correctional Center

Inmate Identification Number (Required):

154166Are you employed at the institution? yes Do you receive any payment from the institution? yesAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? • ☒ Yes • No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

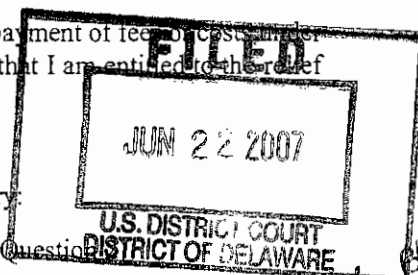
35 dollars a month; Mr. Lepore, Delaware Correctional Center

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---------|---|
| a. Business, profession or other self-employment | • • Yes | • • <input checked="" type="radio"/> No |
| b. Rent payments, interest or dividends | • • Yes | • • <input checked="" type="radio"/> No |
| c. Pensions, annuities or life insurance payments | • • Yes | • • <input checked="" type="radio"/> No |
| d. Disability or workers compensation payments | • • Yes | • • <input checked="" type="radio"/> No |
| e. Gifts or inheritances | • • Yes | • • <input checked="" type="radio"/> No |
| f. Any other sources | • • Yes | • • <input checked="" type="radio"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.



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4. Do you have any cash or checking or savings accounts?

• • Yes

• ☒ No

If "Yes" state the total amount \$ 0

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable. **NONE**

I declare under penalty of perjury that the above information is true and correct.

6/20/07

DATE

Harry James Smith

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

07 - 408

TO: Harry Smith SBI#: 154166
FROM: Stacy Shane, Support Services Secretary
RE: 6 Months Account Statement
DATE: June 13, 2007

Attached are copies of your inmate account statement for the months of December 1, 2006 to May 31, 2007.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Dec</u>	<u>22.72</u>
<u>Jan</u>	<u>.77</u>
<u>Feb</u>	<u>11.27</u>
<u>March</u>	<u>6.52</u>
<u>April</u>	<u>1.95</u>
<u>May</u>	<u>.13</u>

Average daily balances/6 months: 7.23

Attachments

CC: File

Stacy Shane
6/13/07

Carolee Forrester
6/13/07

Individual Statement

Date Printed: 6/13/2007

For Month of December 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.01
00154166	Smith	Harry				
Current Location:	S1	Comments:				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Wage-1099	12/1/2006	\$25.20	\$0.00	\$0.00	\$25.21	352812		LAUNDRY 10/24-11/2	
Pay-To	12/1/2006	(\$2.00)	\$0.00	\$0.00	\$23.21	353145		MASJID MUHAMMAD	
Canteen	12/5/2006	(\$22.46)	\$0.00	\$0.00	\$0.75	353708			
Canteen	12/12/2006	(\$0.74)	\$0.00	\$0.00	\$0.01	358023			
Mail	12/12/2006	\$50.00	\$0.00	\$0.00	\$50.01	358269	08561899793		S SMITH
Mail	12/13/2006	\$12.00	\$0.00	\$0.00	\$62.01	358842	77578226579		L SMITH
Canteen	12/18/2006	(\$31.59)	\$0.00	\$0.00	\$30.42	360571			
Canteen	12/26/2006	(\$29.96)	\$0.00	\$0.00	\$0.46	363723			
					Ending Mth Balance:	\$0.46			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement From January 2007 to May 2007

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Date Printed: 6/13/2007

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:		Ending Month Balance:		
00154166	Smith	Harry			\$0.46		\$0.02		
Current Location:		S1	Comments:						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Wage-1099	1/2/2007	\$25.20	\$0.00	\$0.00	\$25.66	366053		LAUNDRY 11/24-12/2	
Canteen	1/2/2007	(\$22.42)	\$0.00	\$0.00	\$3.24	367005			
Canteen	1/9/2007	(\$3.21)	\$0.00	\$0.00	\$0.03	370105			
Wage-1099	2/1/2007	\$33.44	\$0.00	\$0.00	\$33.47	381159		LAUNDRY 12/24/06-1/	
Canteen	2/6/2007	(\$33.08)	\$0.00	\$0.00	\$0.39	382839			
Mail	2/20/2007	\$20.00	\$0.00	\$0.00	\$20.39	390102	08555954721		SMITH
Canteen	2/27/2007	(\$20.34)	\$0.00	\$0.00	\$0.05	392991			
Wage-1099	3/1/2007	\$35.28	\$0.00	\$0.00	\$35.33	394770		LAUNDRY 1/24-2/23/0	
Canteen	3/6/2007	(\$34.35)	\$0.00	\$0.00	\$0.98	396671			
Wage-1099	4/2/2007	\$35.28	\$0.00	\$0.00	\$36.26	408241		LAUNDRY 2/24-3/23/	
Canteen	4/3/2007	(\$35.50)	\$0.00	\$0.00	\$0.76	409076			
Wage-1099	5/1/2007	\$33.44	\$0.00	\$0.00	\$34.20	421137		LAUNDRY 3/24-4/23/2	
Canteen	5/1/2007	(\$33.68)	\$0.00	\$0.00	\$0.52	422606			
Canteen	5/8/2007	(\$0.50)	\$0.00	\$0.00	\$0.02	425442			
Ending Month Balance:					\$0.02				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: \$0.00